

**MEDICAL FACILITIES LICENSING**150 N. 18<sup>th</sup> Avenue, Suite 450

Phoenix, Arizona 85007

<b>HEALTH CARE INSTITUTION RENEWAL APPLICATION AND LICENSE FEE REMITTANCE FORM</b>				
<b>PLEASE RETURN THIS FORM WITH THE PAYMENT TO THE ADDRESS ABOVE</b>				
<b>FACILITY I.D. #:</b>		<b>LICENSE #:</b>		<b>LEVEL OF CARE OR SERVICES</b>
<b>APPLICANT/ENTITY NAME:</b>				
<b>FACILITY NAME:</b>				
<b>STREET ADDRESS:</b>			<b>SUITE #:</b>	
<b>CITY:</b>			<b>STATE:</b>	<b>ZIP:</b>
<b>PHYSICAL ADDRESS:</b>				
<b>CITY:</b>			<b>STATE:</b>	<b>ZIP:</b>
<b>FEES</b>				<b>AMOUNT DUE</b>
Application Fee (Please do not submit the application fee if the fee has already been paid.)				\$ 50.00
<b>LICENSED CAPACITY</b>				
Check One:	Licensed Capacity:	Base Fee:	Number of Beds x \$10.00 each:	Total base fee plus number of beds fee:
	None	\$ 100.00		\$
	1 to 59 beds	100.00		
	60 to 99 beds	200.00		
	100 to 149 beds	300.00		
	150 or more beds	500.00		
<b>TOTAL AMOUNT DUE</b>				<b>\$</b>
<b>Payment should be by cashier=s check, money order or business check made payable to: ARIZONA DEPARTMENT OF HEALTH SERVICES</b>				
Write the Facility I.D. # on the check. <b>Cash and personal checks are not accepted.</b>				
<b>AMOUNT ENCLOSED</b>				<b>\$</b>

**ALL FEES ARE NON-REFUNDABLE** pursuant to A.R.S. ' 36-405(c), 36-882(f) and 36-897.01(c), except as provided in A.R.S. ' 41-1077.